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(Requestor's Name) (Address) (Address)				
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/Att. (A) A7 (B) 10				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:Lylo	e A. Larson P.A.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
nclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00	□ \$78.75	\$78,75	☑ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
	o common or suma	a common copy	& Certificate of
			Status
		ADDITIONAL CO	
		. IDDITION IE CO	T TREQUIRED
FROM:	Lyle A. Larson		
110111	Name (Printed or typed)		
	2000 Kinling Avo		
-	8909 Kipling Ave.		
	Address		
	Hudson, Florida 34667		_
	City	, State & Zip	
	727-862-2929		
	Daytime	Telephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Lyle A. Larson P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8909 Kipling Ave. Hudson, Florida 34667

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sale of Realestate

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

The <u>name and Florida street address</u> of the registered agent is:

Lyle A. Larson 8909 Kipling Ave. Hudson, Florida 34667

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lyle A. Larson 8909 Kipling Ave. Hudson, Florida 34667

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

JUNE 22-April 9, 2003

Date

Signature/Incorporator

Date Date

O3 JUN 25 PM 1: 25
SECRETARY STATE
TALLARIASSEC FLORID